

**1172: CORRELATION BETWEEN NEUTROPHIL COUNT AND POSITIVE PROSTATE BIOPSY**

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**Introduction:** Prostate cancer is the most common cancer in men. Elevated PSA is the most common indication for a prostate biopsy. Recent studies have suggested that use of PSA alone can lead to harmful over-investigation. This enlightened us to other biomarkers which may predict the likelihood of a positive biopsy.

**Method:** This is a retrospective cohort study of patients who attended a rapid access clinic for a prostate biopsy over a 3-year period. We examined numerous factors including primary gleason grade, secondary gleason grade, age and prostate volume. Using an electronic patient data-base we also gathered information about patient's neutrophil count during the same time period as the biopsy.

**Result:** Our cohort consisted of 800 patients, half of which had positive biopsies. We found that the average neutrophil count was lower in the patients with positive biopsies when compared to the patients with negative biopsies.

**Conclusion:** We found that there is a correlation between the presence of malignant prostate cells and a low neutrophil count. This highlights an area of research which we intend to explore further to see if there is an association between neutrophil count and pathological recurrence.

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**1295: A SIMPLIFIED, USER-FRIENDLY INSERTION RECORD IMPROVES THE COMPLETENESS AND QUALITY OF DOCUMENTATION FOLLOWING URETHRAL CATHETERISATION**

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**Aim:** Accurate and timely documentation is vital to ensure appropriate and optimal management of the patient with a urethral catheter. In this completed audit cycle we sought to review existing practice and then develop, implement and assess the impact of a new simplified insertion record at our centre.

**Method:** All patients on general surgical and medical wards with a urethral catheter in situ on 12 July 2014 were eligible for inclusion in the initial audit. Medical and nursing notes were reviewed retrospectively to identify means and quality of documentation, and assess adherence to national standards. A new, simplified insertion record was then developed by a panel of experts and implemented in January 2015. A re-audit was undertaken on 25 July 2015.

**Result:** 50 and 37 patients were included in initial and re-audit respectively. There was a significant increase in percentage completion of all information required to comply with national standards. A marked improvement was seen in fields deemed of particular clinical and medico-legal importance, including consent (56.0-75.7%), indication (66.0-78.4%) and expected duration (0-62.2%).

**Conclusion:** The introduction of a simplified insertion record leads to improvement in the quality of documentation following urethral catheterisation and may reduce the risk of catheter-associated complications.

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**Vascular and endovascular surgery****0221: HAVE WE IMPROVED THE DELAY IN PERFORMING OUTPATIENT ANGIOPLASTY FOR PATIENTS WITH PERIPHERAL ARTERIAL DISEASE?**

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**Aim:** Our Departmental target requires outpatient angioplasties to be performed within 4-6 weeks of request. This study aimed to evaluate whether our Vascular Unit has improved adherence to its target since the establishment of a 24-hour Interventional Radiology service.

**Method:** Data (n=73) relating to outpatient angioplasties, performed between September 2013 and October 2015, were retrospectively collected (n=37 pre-intervention; n=36 post-intervention). The median and range were calculated for the delay between request and performance of angioplasty. Complications and hospital stay were also collected.

**Result:** Median delay between request and performance of outpatient angioplasty was 50 days (range: 5-122) and 125.5 days (range: 49-256), pre- and post-intervention respectively. Pre-intervention, 8/37 (21.6%) and 16/37 (43.2%) angioplasties were performed within 4 and 6 weeks of request respectively. Post-intervention, zero angioplasties were performed within 4-6 weeks of request. Six complications occurred pre- (16.2%) and post-intervention (16.7%). Median hospital stay was 1 day both pre- and post-intervention (range: 0-9 and 0-13 respectively).

**Conclusion:** Despite a 24-hour Interventional Radiology service, no outpatients underwent angioplasty within 4-6 weeks of request. Urgent work is needed to identify the barriers to delivering prompt angioplasties to outpatients with peripheral arterial disease so that disease progression can be minimised.

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**0276: CT-DETERMINED THORACIC AORTIC ARTERY CALCIFICATION (TAC) SCORE IS ASSOCIATED WITH POOR CARDIOVASCULAR OUTCOMES IN PATIENT WITH THORACIC AORTIC ANEURYSMS**

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**Aim:** Long term outcomes are becoming increasingly important in assessing patients with aneurysmal disease. Vascular calcification is a recognised outcome when assessing outcomes in patients with coronary artery disease. This study calculated thoracic aortic artery calcium (TAC) scores in patients with thoracic aortic aneurysms and determined its predictive value with longer term outcomes.

**Method:** A modified Agatston technique provided TAC scores from consecutive patients undergoing thoracic artery aneurysm CT assessment. The primary outcome was all cause mortality with secondary outcome of cardiovascular morbidity and mortality. Statistical analysis used a binary multivariate logistic regression analysis with odds ratio (OR / 95% confidence intervals).

**Result:** We analysed 78 patients (48 men, median age 77) with thoracic stenting subsequently performed in 61 patients. Median TAC score was 3125 (IQR 986-9486).

TAC was associated with cardiac mortality (OR 1.03; 95% CI 0.93-1.13; p<0.001) as well as cardiac morbidity (OR 1.01; 95%CI 0.94-1.09; p=0.01). There was also a trend towards all-cause mortality (OR 1.014; 95% CI 0.95-1.083; p=0.06).

**Conclusion:** TAC scores determined using the modified Agatston method provided data suggesting that higher scores correlate with poor cardiovascular outcomes. With further evaluation, such patients could be targeted for intensive atherosclerotic risk factor prevention intervention.

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**0281: NOVEL COMPRESSION THERAPY IN CHRONIC VENOUS LEG ULCERS: PROMISING EARLY EXPERIENCE**

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**Introduction:** Chronic venous insufficiency(CVI) with leg ulcers are a significant workload to healthcare-professionals and causes poor QoL to patients. Compression therapy is offered to heal these ulcers but compliance is suboptimal in at-least a third of patients. We piloted the Juxta-CURES<sup>TM</sup> compression system, an adjustable compression device that